Houston Galveston Citizens Air Monitoring Project
Sampling Form and Custody Record

All of the information on this page is required in ink

Date of Sample: _____ Time of Sampling: _____

Name of Sampler:_____ Name of Organization: _____

Location of Sampling:_____ Approximate height (in feet) from ground to air intake: _____

(Be specific. See the back side of this sheet for additional optional Geographic Section information ( )

Sample Identification

Container 1	Container 2
Container Type: bucket ☐ suitcase ☐ canister ☐	Container Type: bucket ☐ suitcase ☐ canister ☐
Container ID:	Container ID:
Pressure Reading Before Sampling (Canisters only): -_____ inches of Hg	Pressure Reading Before Sampling (Canisters only): -_____ inches of Hg
Pressure Reading After Sampling (Canisters only): -_____ inches of Hg	Pressure Reading After Sampling (Canisters only): -_____ inches of Hg
Protective Cover over Inlet:(Canisters only): yes ☐ no ☐	Protective Cover over Inlet:(Canisters only): yes ☐ no ☐

Elapsed Time of Sampling _____minutes. Both Containers Co-located? yes ☐ no ☐
Both sampling events synchronous? yes ☐ no ☐
30 second pre-pump (not applicable for canisters ---- na ☐)? yes ☐ no ☐
Custody Seals Attached? yes ☐ no ☐

Sampler's Comments: Explain any "no" answer above and other information you think is relevant:
_____
_____
_____

Custody Record

Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:

For Lab Use Only: Custody Seals Attached: yes ☐ no ☐ Canister gauge reading on receipt: -_____" of HG
Lab Comments:

Atmospheric Information (Optional, but what information is available would be useful.)

Temperature	Barometric pressure
Humidity	Wind direction (from)
Wind speed	Sky Conditions: cloudy ☐ partly cloudy ☐ clear ☐

The Odor

If present, check the intensity level

Description	Intensity	Description	Intensity
rotten cabbage	weak ☐ medium ☐ strong ☐	onion/garlic	weak ☐ medium ☐ strong ☐
rotten eggs or sewage	weak ☐ medium ☐ strong ☐	gasoline	weak ☐ medium ☐ strong ☐
skunk	weak ☐ medium ☐ strong ☐	fish	weak ☐ medium ☐ strong ☐
burnt rubber	weak ☐ medium ☐ strong ☐	natural gas	weak ☐ medium ☐ strong ☐
nail polish	weak ☐ medium ☐ strong ☐	vinegar	weak ☐ medium ☐ strong ☐
asphalt	weak ☐ medium ☐ strong ☐	ammonia	weak ☐ medium ☐ strong ☐
bleach (chlorine)	weak ☐ medium ☐ strong ☐	burnt matches	weak ☐ medium ☐ strong ☐
diesel	weak ☐ medium ☐ strong ☐	almond	weak ☐ medium ☐ strong ☐
ether	weak ☐ medium ☐ strong ☐	petroleum	weak ☐ medium ☐ strong ☐
mold or mildew	weak ☐ medium ☐ strong ☐	other	weak ☐ medium ☐ strong ☐

Where do you think the odor came from? _____

Health Effects

Check all the apply

nausea	sinus problems
skin irritation	difficulty breathing
burning eyes	asthma
nose and throat irritation	fainting
headache	other

Other Observations (Check all that apply)

smoke	flames	haze	dust	other

Other Observations_____